

DAVIE 10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PO1000101506**

1. Corporation Name

Chardenne' Murray
Entertainment Company

2. Principal Office Address 3030 Palm Trace Landing Suite, Apt. #, etc. # 315	3. Mailing Office Address P.O. Box 290365 Suite, Apt. #, etc. DRIVE
City & State DAVIE, FL	City & State DAVIE, FL
Zip 33314	Country U.S.
Zip 33329	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida	10/18/2001
5. FEI Number	820543726
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Lakesha Murray-Campbell	
Street Address (P.O. Box Number is Not Acceptable) 3030 Palm Trace Landing DRIVE	
Suite, Apt. #, Etc. # 315	
City DAVIE	
State FL	Zip Code 33314

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent 

Date **9/6/06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T/S	Lakesha V Murray-Campbell	Post office Box 290365 DAVIE, FL 33329	DAVIE, FL 33329
V	Mattie R Murray-Roberts	1911 NW 76 STREET MIAMI, FL 33147	MIAMI, FL 33147
M	Chardenne C Murray	Post office Box 290365 DAVIE, FL 33329	DAVIE, FL 33329
			B 48/06

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/06 954-325-9906

Date Daytime Phone #

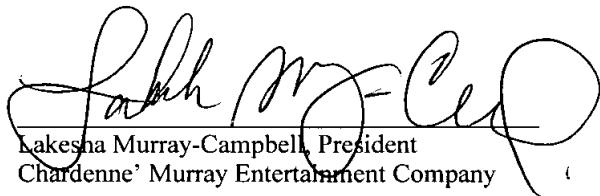
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September 6, 2006

To Whom It May Concern:

I, Lakesha Murray-Campbell, was affected personally and financially last year by Hurricanes Wilma and Katrina. I did not receive any notices prior to May 1st, 2006. I would like very much for my corporation to be reinstated without the reinstatement fee. I am including the standard fee for profit corporations annual filing in this mailing. If you have any further questions, please feel free to contact me at (954) 325-9906.

Yours truly,



Lakesha Murray-Campbell, President
Chardenne' Murray Entertainment Company